

"Express Mail" mailing label number EV530259906US .

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Type a plus sign (+) inside this box → ☐

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing    OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2708 PCT/US
		First Named Inventor	PAULY, Gilles
	<b>COMPLETE IF KNOWN</b>		
	Application Number		
	Filing Date		
	Group Art Unit		
	Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ANALYSIS OF A SKIN REACTIVITY AND HYPERSENSITIVITY**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 09/27/2003 as United States Application Number or PCT International

Application Number PCT/EP2003/010766 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?	
					YES	NO
0212462	FR	10/08/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

**Burden Hour Statement:** This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

Type a plus sign (+) inside this box + ☐

C 2708 PCT/US

**DECLARATION****Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2003/010766	09/27/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number  or label   
OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Aaron R. Ettelman	42,516		
Daniel S. Ortiz	25,123		
Arthur G. Seifert	28,040		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number  or label **23657** OR ☒ Fill in correspondence address below

Name	Aaron R. Ettelman				
Address					
Address					
City		State		Zip	
Country		Telephone	215-628-1000	Fax	215-628-1345

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Gilles	Middle Initial		Family Name	Pauly	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Nancy	State		Country	France	Citizenship	France
Post Office Address	5, rue de Begonias						
Post Office Address							
City	54000 Nancy	State		Zip		Country	France
						Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Type a plus sign (+) inside this box + ☐

C 2708 PCT/US

<b>DECLARATION</b>					<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>				
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	<b>Jean-Luc</b>	Middle Initial		Family Name	<b>Contet-Audonneau</b>	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	<b>Saint-Max</b>	State		Country	<b>France</b>	Citizenship	<b>France</b>		
Post Office Address	<b>3, rue des Fuchslas</b>								
Post Office Address									
City	<b>54130 Saint-Max</b>	State		Zip		Country	<b>France</b>	Applicant Authority	
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	<b>Veronique</b>	Middle Initial		Family Name	<b>Gillon</b>	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	<b>Essey-les-Nancy</b>	State		Country	<b>France</b>	Citizenship	<b>France</b>		
Post Office Address	<b>73 bis, rue Roger Berlin</b>								
Post Office Address									
City	<b>54270 Essey-les-Nancy</b>	State		Zip		Country	<b>France</b>	Applicant Authority	
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	<b>Gilles</b>	Middle Initial		Family Name	<b>Perie</b>	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	<b>Nancy</b>	State		Country	<b>France</b>	Citizenship	<b>France</b>		
Post Office Address	<b>8, boulevard Recteur Senn</b>								
Post Office Address									
City	<b>54000 Nancy</b>	State		Zip		Country	<b>France</b>	Applicant Authority	
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	<b>Francois</b>	Middle Initial		Family Name	<b>Math</b>	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	<b>Villers les Nancy</b>	State		Country	<b>France</b>	Citizenship	<b>France</b>		
Post Office Address	<b>34 av Chanoine Pierron</b>								
Post Office Address									
City	<b>54600 Villers les Nancy</b>	State		Zip		Country	<b>France</b>	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

Type a plus sign (+) inside this box → ☐

<b>DECLARATION</b>										<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>							
<b>Name of Additional Joint Inventor, if any:</b>						<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name	<b>Walter</b>			Middle Initial			Family Name	<b>Blondel</b>			Suffix e.g. Jr.						
Inventor's Signature								Date									
Residence: City		<b>Pulnoy</b>			State				Country		<b>France</b>		Citizenship		<b>France</b>		
Post Office Address		<b>4 rue d'Alsace</b>															
Post Office Address																	
City	<b>54425 Pulnoy</b>			State				Zip			Country		<b>France</b>		Applicant Authority		
<b>Name of Additional Joint Inventor, if any:</b>						<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name	<b>Cedric</b>			Middle Initial			Family Name	<b>Pasquier</b>			Suffix e.g. Jr.						
Inventor's Signature								Date									
Residence: City		<b>Nancy</b>			State				Country		<b>France</b>		Citizenship		<b>France</b>		
Post Office Address		<b>24 rue Charles Sadoul</b>															
Post Office Address																	
City	<b>54000 Nancy</b>			State				Zip			Country		<b>France</b>		Applicant Authority		
<b>Name of Additional Joint Inventor, if any:</b>						<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.						
Inventor's Signature								Date									
Residence: City					State				Country				Citizenship				
Post Office Address																	
Post Office Address																	
City				State				Zip			Country				Applicant Authority		
<b>Name of Additional Joint Inventor, if any:</b>						<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.						
Inventor's Signature								Date									
Residence: City					State				Country				Citizenship				
Post Office Address																	
Post Office Address																	
City				State				Zip			Country				Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																	